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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
[Department of Public Health](#)
Division of Health Care Quality
10 West Street, 5th Floor, Boston, MA 02111
(617) 753-8000

CIRCULAR LETTER: DHCQ 12-00-408

TO: All Medicare Certified Home Health Agencies

FROM: Paul I. Dreyer, Ph.D., Director

DATE: December 21, 2000

SUBJECT: Requirements for Notifying the Department of Public Health When There is a Change in Agency Name, Address, Operating Status or the Services Provided.

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The purpose of this circular letter is to remind Medicare Certified Home Health Agencies of their continuing obligation to notify the Massachusetts Department of Public Health, Division of Health Care Quality whenever any of the following changes are contemplated:

- 1) change of ownership
- 2) change of name of corporate entity
- 3) change of address
- 4) change of name
- 5) addition or closure of a branch
- 6) addition or deletion of services provided
- 7) closure of an agency

Notice must be submitted in writing to Department of Public Health, Division of Healthcare Quality, 10 West Street, Boston, MA 02111. Failure to provide such notification may adversely affect your agency's continued Medicare certification. If you have any questions please call Ray Cryan at (617) 753-8114.